

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving office use only

International Application No. PCT/FI03/00736

International Filing Date 07 OCT 2003 (07-10-2003)

The Finnish Patent Office  
PCT International Application

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) miniferon

## Box No. I TITLE OF INVENTION

Peptides and recombinant proteins mimicking interferons

## Box No. II APPLICANT

☒ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is applicant  
for the purposes of:☒ all designated  
States☐ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

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This person is applicant  
for the purposes of:☒ all designated  
States☐ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf  
of the applicant(s) before the competent International Authorities as:☐ agent☒ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

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State (that is, country) of residence:

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This person is applicant for the purposes of:

- ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

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State (that is, country) of residence:

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☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.